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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/533,341
Filing Date	3/23/2000
First Named Inventor	Anna P. Catania
Art Unit	
Examiner Name	
Attorney Docket Number	099425-0015/9950

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: client request

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael Wise		
Address	Perkins Coie 1620-26TH Street Sixth floor		
City	santa Monica	State	CA Zip 90404-4013
Country	USA		
Telephone	310-788-3210	Email	MWise@perkinscoie.com
Signature	s/Gregory M. Zinkl		
Name	Gregory M. Zinkl	Registration No.	48,492
Date	March 13, 2007	Telephone No.	312-627-2126

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Electronic Acknowledgement Receipt

EFS ID:	1588793
Application Number:	09533341
International Application Number:	
Confirmation Number:	9950
Title of Invention:	ANTIMICROBIAL AND ANTI-INFLAMMATORY PEPTIDES FOR USE IN HUMAN IMMUNODEFICIENCY VIRUS
First Named Inventor/Applicant Name:	Anna P. Catania
Correspondence Address:	Zengen Inc. - Suite 112 7049 Owensmouth Avenue Canoga Park CA 91303 US 8188878688 info@zengen.com
Filer:	Gregory M. Zinkl
Filer Authorized By:	
Attorney Docket Number:	54275.8004.US00
Receipt Date:	13-MAR-2007
Filing Date:	23-MAR-2000
Time Stamp:	16:39:37
Application Type:	Utility

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Submitted with Payment	no
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File Listing:



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Canoga Park CA 91303

DENIAL OF REQUEST FOR WITHDRAWAL OF ATTORNEY OR AGENT

The request for withdrawal of attorney or agent filed 03/012007 is acknowledged. However, the request cannot be granted at this time for the reason stated below.

- ☐ The request is untimely because there is an outstanding Office Action in the application to which a response is due within 30 days.
- ☐ The request is not being made by the attorney or agent who wishes to be withdrawn, or the attorney or agent signing the request has not stated that he/she is signing on behalf of himself/herself and the withdrawing attorney or agent.
- ☐ The person signing the request did not provide his/her name and registration number.
- ☐ There is no alternate correspondence address, either in the application file or the request. Please provide a correspondence address to which further correspondence can be directed.
- ☒ No Power of Attorney has been established in the above-identified application. Accordingly, the withdrawal cannot be accepted because the practitioner seeking to withdraw is not of record. The change of correspondence address will be considered separately.
- ☐ The attorney or agent requesting to withdraw has not been appointed attorney of record in the application (i.e., there is no power of attorney). Accordingly, the withdrawal cannot be accepted because the practitioner seeking to withdraw is not of record. Moreover, a patent practitioner cannot withdraw another practitioner of record unless they also withdraw himself or herself, and affirm that they are acting on behalf of the other patent practitioner(s). To revoke the power of attorney given to another patent practitioner, the applicant must comply with 37 CFR 1.36(a).
- ☐ The Request for Withdrawal of Attorney or Agent does not properly identify the attorney(s)/agent(s) to be withdrawn.

Questions relating to this Notice should be directed to the Office of Initial Patent Examination, Customer Service at the number below.

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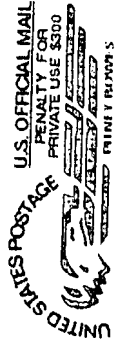
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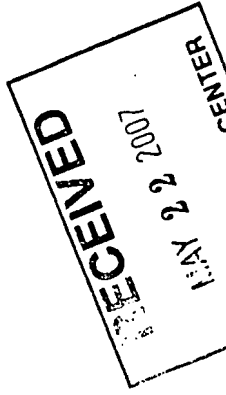
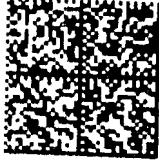
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